

40 MLK



State of New Hampshire

DEPARTMENT OF ADMINISTRATIVE SERVICES
 25 Capitol Street - Room 100
 Concord, New Hampshire 03301
Office@das.nh.gov

Charles M. Arlinghaus
 Commissioner
 (603) 271-3201

Catherine A. Keane
 Deputy Commissioner
 (603) 271-2059

Sheri L. Rockburn
 Assistant Commissioner
 (603) 271-3204

Division of Public Works
 Design and Construction
 Project No. 81257R- Contract A

June 17, 2022

His Excellency, Governor Christopher T. Sununu
 and the Honorable Council
 State House
 Concord, New Hampshire 03301

REQUESTED ACTION

1). Authorize the Division of Public Works Design and Construction to enter into a contract with D.L. King & Associates Inc. (VC #168979), Nashua, New Hampshire for a total price not to exceed \$718,000, for ECTC Electrical Generator Replacement, Pembroke, New Hampshire. This contract is effective upon Governor and Council approval through July 28, 2023, unless extended in accordance with the contract terms. **100% Federal Funds.**

2). Further authorize the amount of \$6,000 be approved for payment to the Department of Administrative Services, Division of Public Works Design and Construction (VC# 311152), for engineering services provided, bringing the total to \$724,000. **100% Federal Funds.**

Funding is available in account titled Department of Military & Veterans Affairs as follows:

	<u>FY 2022</u>
01-12-12-120010-22450000 Army Guard Facilities	
103-500736 – Contract for Op Services	\$ <u>718,000</u>
Sub Total	\$ 718,000
01-12-12-120010-22550000 Bureau of Public Works Fee	
217-502682 – Inter-Agency Payments	\$ <u>6,000</u>
Grand Total	\$ 724,000

EXPLANATION

The work of the project includes replacing one existing 500kW and one 600kW generator with two 500kW generators. The existing conductors, gas piping, and concrete pad will remain in place and service the new generators.

The existing generators at the Edward Cross Training Center (ECTC) do not meet current NH Department of Environmental Services (NHDES) emissions requirements. When they were originally installed in 2015, the generators complied with all clean air requirements. Since then, NHDES emissions requirements became more stringent and the generators now exceed the maximum allowable level of nitrogen oxide released into the air.

Attached please find a copy of the tabulation of bids for this project along with the contract supplemental information sheet.

Respectfully submitted,



Charles M. Arlinghaus,
Commissioner

Department estimate:	\$ 824,000
Low bid:	<u>\$ 718,000</u>
Under estimate:	\$ 106,000

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: DPW Project No. 81257R, Contract A
ECTC Electrical Generator Replacement, Pembroke NH

DESCRIPTION: The work of the project includes replacing one existing 500kW and one 600kW generator with two 500kW generators. The existing conductors, gas piping, and concrete pad will remain in place and service the new generators.

EXPLANATION: The existing generators at the Edward Cross Training Center (ECTC) do not meet current NH Department of Environmental Services (NHDES) emissions requirements. When they were originally installed in 2015, the generators complied with all clean air requirements. Since then, NHDES emissions requirements became more stringent and the generators now exceed the maximum allowable level of nitrogen oxide released into the air.

UNDER ESTIMATE

EXPLANATION: The low bid is 13% under the Department estimate. The Department estimate did not account for the favorable resale prices of the existing generators, which the contractors use to offset their bids. There has been a high demand for generators recently, which has increased their resale value.

DEPARTMENT ESTIMATE:	\$ 824,000
LOW BID:	<u>\$ 718,000</u>
UNDER ESTIMATE:	\$ 106,000



Division of Public Works

ABC Bid Data

PEMBROKE
81257RA
NON-FEDERAL

PROJECT:	Pembroke	Awarded To:	
STATE PROJECT NUMBER:	81257RA	Amount:	\$0.00
FED. PROJECT NUMBER:	NON-FEDERAL	Award Date:	
DATE BIDS OPEN:	March 23, 2022, 2:00	Certified by:	_____ Director of Project Development
SCOPE OF WORK:	ECTC Electrical Generator Replacement		
COMPLETION DATE:			
LOCATION:	Merrimack		

Summary of Bidders

Contractor	Bid Amount	Rank
DL KING & ASSOCIATES INC 27 TANGLEWOOD DRIVE NASHUA NH 03062-1044	\$718,000.00	A

Item # 901: \$ 668,000.-
 # 902: \$ 50,000.-

 Total this Contract = \$ 718,000.-

BUREAU OF PUBLIC WORKS
 Award to DL King + Assoc., Inc.
 Hold for Negotiation
 Cancel Contract
 User Agency National Guard
 Authorized by [Signature]
 Date 104142022



Division of Public Works

ABC Bid Data

PEMBROKE
81257RA
NON-FEDERAL

Item No.	Description	Unit	Quantity	P&E		D. L. JONG & ASSOCIATES INC. 27 TANGLEWOOD DRIVE NASHUA, NH 03062-1044		Unit Price	Total
				Unit Price	Total	Unit Price	Total		

Items

901	ALL WORK OF THE CONTRACT AS OUTLINED IN THE PLANS AND SPECIFICATIONS	U	1.00	\$774,000.00	\$774,000.00	\$668,000.00	\$668,000.00		
902	ALLOWANCE FOR UNFORESEEN CONDITIONS AND/OR OWNER-INITIATED CHANGES	\$	50,000.00	\$1.00	\$50,000.00	\$1.00	\$50,000.00		
Totals:					\$824,000.00		\$718,000.00		
Alt. Totals:									
Totals:					\$824,000.00		\$718,000.00		

State of New Hampshire

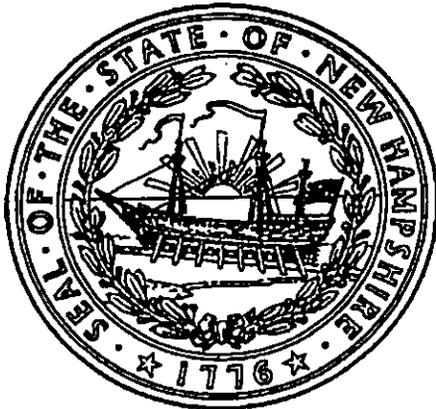
Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that D.L. KING & ASSOCIATES, INC. is a Illinois Profit Corporation registered to transact business in New Hampshire on December 29, 1999. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 332476

Certificate Number: 0005768163



IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 28th day of April A.D. 2022.

A handwritten signature in black ink, appearing to read "D. Scanlan", is written over a faint circular stamp.

David M. Scanlan
Secretary of State

Certificate of Authority # 1

(Corporation, Non-Profit Corporation)

Corporate Resolution

I, A. Dean King, hereby certify that I am duly elected Clerk/Secretary/Officer of
(Name)
D.L. King And Associates, Inc. I hereby certify the following is a true copy of a vote taken at
(Name of Corporation)

a meeting of the Board of Directors/shareholders, duly called and held on April 28, 2022,
at which a quorum of the Directors/shareholders were present and voting.

VOTED: That Lisa M. King, President (may list more than one person) is
(Name and Title)

duly authorized to enter into contracts or agreements on behalf of

D.L. King and Associates, Inc. with the State of New Hampshire and any of
(Name of Corporation)

its agencies or departments and further is authorized to execute any documents
which may in his/her judgment be desirable or necessary to effect the purpose of
this vote.

I hereby certify that said vote has not been amended or repealed and remains in full force
and effect as of the date of the contract to which this certificate is attached. This authority
remains valid for thirty (30) days from the date of this Corporate Resolution. I further certify
that it is understood that the State of New Hampshire will rely on this certificate as evidence that
the person(s) listed above currently occupy the position(s) indicated and that they have full
authority to bind the corporation. To the extent that there are any limits on the authority of any
listed individual to bind the corporation in contracts with the State of New Hampshire, all such
limitations are expressly stated herein.

DATED: 04/28/2022

ATTEST:  CEO/Secretary
(Name & Title)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/22/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER THE ROWLEY AGENCY INC. 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511		CONTACT NAME: Renee Skillings PHONE (A/C, No, Ext): (603) 224-2562 FAX (A/C, No): (603) 224-8012 E-MAIL ADDRESS: rskillings@rowleyagency.com	
INSURED D.L. King & Associates, Inc. 45 Bates Rd Merrimack NH 03054		INSURER(S) AFFORDING COVERAGE INSURER A: Arbella Insurance Group INSURER B: Arbella Protection Ins Co INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES CERTIFICATE NUMBER: 21-22 State 1M Umb REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			8500062916	9/3/2021	9/3/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			1020032951	9/3/2021	9/3/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			4620086375	9/3/2021	9/3/2022	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 PRODUCTS/COMP/OPS AGG \$ 1,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	4220057417 3A States: NB/MA Excluded Officers: Dean & Lisa King	9/3/2021	9/3/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	LEASED/RENTED EQUIPMENT			4620086375	9/3/2021	9/3/2022	LIMIT 35,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Re: Pembroke, Job #81257RA;
The State of New Hampshire, its agencies, and its agents and employees are additional insureds for ongoing operations performed by or on behalf of D.L. King & Associates, Inc., per written contract.

CERTIFICATE HOLDER CANCELLATION

State of New Hampshire Department of Administrative Services 7 Hazen Drive Room 250 Concord, NH 03301	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Renee Skillings/RLS <i>Renee Skillings CRIS</i>
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/22/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER THE ROWLEY AGENCY INC. 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511		CONTACT NAME: Renee Skillings PHONE (A/C, No, Ext): (603) 224-2562 FAX (A/C, No): (603) 224-8012 E-MAIL ADDRESS: rskillings@rowleyagency.com	
INSURED State of New Hampshire Dept of Administrative Services c/o D.L. King & Associates, Inc. 45 Bates Rd Merrimack NH 03054		INSURER(S) AFFORDING COVERAGE INSURER A: Mid Continent Casualty Co INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES CERTIFICATE NUMBER: OCP Pembroke 81237RA REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			040CP002002921	4/29/2022	4/29/2023	EACH OCCURRENCE	\$ 2,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
	<input checked="" type="checkbox"/> OCP						MED EXP (Any one person)	\$
	GENL AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE	\$ 4,000,000
	OTHER:						PRODUCTS - COM/POP AGG	\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS							\$
	<input type="checkbox"/> NON-OWNED AUTOS							\$
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE	\$
	<input type="checkbox"/> OCCUR							\$
	<input type="checkbox"/> CLAIMS-MADE							\$
	DED							\$
	RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH)						OTHER	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Pembroke: 81257RA - 722 Riverwood Drive, Pembroke, NH.

CERTIFICATE HOLDER State of New Hampshire Department of Administrative Services 7 Hazen Drive Concord, NH 03302	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE Laureen Hilton/LPH <i>Laureen Hilton</i>

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CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

4/29/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

PRODUCER THE ROWLEY AGENCY INC. 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511	CONTACT NAME: Renee Skillings	
	PHONE (A/C, No. Ext): (603) 224-2562	FAX (A/C, No): (603) 224-9012
E-MAIL ADDRESS: rskillings@rowleyagency.com		
PRODUCER CUSTOMER ID: 00007629		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED D.L. King & Associates, Inc., State of NH Dept of Admin Services, and all subs on the project. 45 Bates Rd Merrimack NH 03054	INSURER A: Acadia Insurance Company 31325	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** R-81257RA **REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 722 Riverwood Drive, Pembroke, NH

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
A	<input checked="" type="checkbox"/> PROPERTY				BUILDING	\$
	CAUSES OF LOSS	DEDUCTIBLES			PERSONAL PROPERTY	\$
	<input type="checkbox"/> BASIC	BUILDING			BUSINESS INCOME	\$
	<input type="checkbox"/> BROAD	CONTENTS			EXTRA EXPENSE	\$
	<input type="checkbox"/> SPECIAL				RENTAL VALUE	\$
	<input type="checkbox"/> EARTHQUAKE				BLANKET BUILDING	\$
	<input type="checkbox"/> WIND				BLANKET PERS PROP	\$
	<input type="checkbox"/> FLOOD				BLANKET BLDG & PP	\$
	<input type="checkbox"/> Builders Risks with					\$
	<input checked="" type="checkbox"/> Builders Risks with					\$
A	<input checked="" type="checkbox"/> INLAND MARINE	TYPE OF POLICY			<input checked="" type="checkbox"/> Builders Risk w/Renovations	\$ 824,000
	CAUSES OF LOSS	Builders Risk			<input checked="" type="checkbox"/> Temporary Storage	\$ 412,000
	<input type="checkbox"/> NAMED PERILS	POLICY NUMBER			<input checked="" type="checkbox"/> In Transit	\$ 412,000
	<input checked="" type="checkbox"/> Special Form	BR-81257RA	4/28/2022	4/28/2023	<input checked="" type="checkbox"/> Waiver of Subrogation	\$ Included
	<input type="checkbox"/> CRIME				\$	
	TYPE OF POLICY				\$	
	<input type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN				\$	
					\$	
					\$	
					\$	

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER State of New Hampshire Department of Administrative Services 7 Hazen Drive, Room 250 Concord, NH 03301	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE Lauren Hilton/LPH <i>Lauren Hilton</i>